

Always Filed

TRANSMITTAL OF FINANCIAL REPORTS AND
CERTIFICATION OF COMPLIANCE WITH
UNITED STATES TRUSTEE OPERATING REQUIREMENTS FOR
THE PERIOD ENDED:

IN RE:

BRLP LLC
Debtor

CASE NO.:
Chapter 11
Judge:

18-15839
HARRIS

As debtor in possession, I affirm:

1. That I have reviewed the financial statements attached hereto, consisting of:

<input checked="" type="checkbox"/>	Operating Statement	(Form 2)
<input checked="" type="checkbox"/>	Balance Sheet	(Form 3)
<input checked="" type="checkbox"/>	Summary of Operations	(Form 4)
<input checked="" type="checkbox"/>	Monthly Cash Statement	(Form 5)
<input checked="" type="checkbox"/>	Statement of Compensation	(Form 6)
<input checked="" type="checkbox"/>	Schedule of In-Force Insurance	(Form 7)

and that they have been prepared in accordance with normal and customary accounting practices, and fairly and accurately reflect the debtor's financial activity for the period stated;

2. That the insurance, including workers' compensation and unemployment insurance, as described in Section 4 of the Reporting Requirements For Chapter 11 Cases is in effect; and, (If not, attach a written explanation) YES ☒ NO ☐

3. That all postpetition taxes as described in Sections 1 and 14 of the Operating Instructions and Reporting Requirements For Chapter 11 cases are current. (If not, attach a written explanation) YES ☒ NO ☐

4. No professional fees (attorney, accountant, etc.) have been paid without specific court authorization. (If not, attach a written explanation) YES ☒ NO ☐

5. All United States Trustee Quarterly fees have been paid and are current. YES ☒ NO ☐

6. Have you filed your prepetition tax returns. (If not, attach a written explanation) YES ☒ NO ☐

I hereby certify, under penalty of perjury, that the information provided above and in the attached documents is true and correct to the best of my information and belief.

Dated: 10/19/17

BRLP LLC
Debtor in Possession, by
Name: [Signature]
Title: CEO
Phone: 216-468-1361
287-2695

Form 1

OPERATING STATEMENT (P&L)

Period Ending:

Case No: 18-15839

	Current Month <u>9/28-9/30/18</u>	Total Since Filing
Total Revenue/Sales	<u>0</u>	<u>0</u>
Cost of Sales	<u>0</u>	<u>0</u>
GROSS PROFIT	<u>0</u>	<u>0</u>
EXPENSES:		
Officer Compensation	<u>0</u>	<u>0</u>
Salary Expenses other Employees	<u>0</u>	<u>0</u>
Employee Benefits & Pensions	<u>0</u>	<u>0</u>
Payroll Taxes	<u>0</u>	<u>0</u>
Other Taxes	<u>0</u>	<u>0</u>
Rent and Lease Expense	<u>0</u>	<u>0</u>
Interest Expense	<u>0</u>	<u>0</u>
Insurance	<u>0</u>	<u>0</u>
Automobile and Truck Expense	<u>0</u>	<u>0</u>
Utilities (gas, electric, phone)	<u>0</u>	<u>0</u>
Depreciation	<u>0</u>	<u>0</u>
Travel and Entertainment	<u>0</u>	<u>0</u>
Repairs and Maintenance	<u>0</u>	<u>0</u>
Advertising	<u>0</u>	<u>0</u>
Supplies, Office Expense, etc.	<u>0</u>	<u>0</u>
Other Specify	<u>0</u>	<u>0</u>
Other Specify	<u>0</u>	<u>0</u>
TOTAL EXPENSES:	<u>0</u>	<u>0</u>
NET OPERATING PROFIT/(LOSS)		
Add: Non-Operating Income:	<u>0</u>	<u>0</u>
Interest Income	<u>0</u>	<u>0</u>
Other Income	<u>0</u>	<u>0</u>
Less: Non-Operating Expenses:	<u>0</u>	<u>0</u>
Professional Fees	<u>0</u>	<u>0</u>
Other	<u>0</u>	<u>0</u>
NET INCOME/(LOSS)	<u>0</u>	<u>0</u>

BALANCE SHEET
Period Ending:

9.30.18

Case No:

18-5839

	Current Month	Prior Month	At Filing
ASSETS:			
Cash:	41,606		
Inventory:	89,082		
* Accounts Receivables:	61,709		
* Insider Receivables	6,988,463		
Land and Buildings:			
* Furniture, Fixtures & Equip:	2,244,551		
Accumulated Depreciation:	<1,475,258>		
Other:	28,916		
Other:			
TOTAL ASSETS:	\$ 7,979,069		
LIABILITIES:			
Postpetition Liabilities:			
Accounts Payable:			
Rent and Lease Payable:			
Wages and Salaries:			
Taxes Payable:			
Other:			
TOTAL Postpetition Liab.	0		
Secured Liabilities:			
Subject to Postpetition	960,000		
Collateral or Financing Order	235,899		
All Other Secured Liab.	447,515		
TOTAL Secured Liab.	\$ 1,643,414		
Prepetition Liabilities:			
Taxes & Other Priority Liab.	427,522		
Unsecured Liabilities:	161,143		
* Other:	619,141		
	4,379,751		
TOTAL Prepetition Liab.	\$ 5,587,557		
Equity:			
Owners Capital:	803,768		
Retained Earnings-Pre Pet.	<55,670>		
Retained Earnings-Post Pet.			
TOTAL Equity:	748,098		
TOTAL LIABILITIES AND EQUITY:	\$ 7,979,069		
* see Footnotes Attached			

Form 3

BJRP, LLC
Operating Report 9.30.18
Case No. 18-5839

Footnotes to Balance Sheet

Accounts Receivables

\$24,526 of accounts receivables are considered uncollectable

Insider Receivables

\$6,988,463 of insider receivables from affiliated entities, less insider payables of \$4,379,751 of insider payables equals a net \$2,608,712 insider receivables. The net receivables from affiliated entities are considered uncollectable.

Furniture, Fixtures & Equipment

Reported at Book Vale of \$769,293 net. Fair Vale considered less than \$200,000

SUMMARY OF PAYABLES AND RECEIVABLES

Period Ended:

Case No: 18-15839

Schedule of Postpetition Taxes Payable

	Beginning Balance	Accrued/ Withheld	Payments/ Deposits	Ending Balance
Income Taxes Withheld:	0	0	0	0
Federal:	0	0	0	0
State:	0	0	0	0
Local:	0	0	0	0
FICA Withheld:	0	0	0	0
Employers FICA:	0	0	0	0
Unemployment Tax:	0	0	0	0
Federal:	0	0	0	0
State:	0	0	0	0
Sales, Use & Excise Taxes:	0	0	0	0
Property Taxes:	0	0	0	0
Workers' Compensation	0	0	0	0
Other:	0	0	0	0
TOTALS:	0	0	0	0

AGING OF ACCOUNTS RECEIVABLE AND POSTPETITION ACCOUNTS PAYABLE

Age in Days	0-30	30-60	Over 60
Post Petition Accounts Payable	0	0	0
Accounts Receivable	0	0	0

For all postpetition accounts payable over 30 days old, please attached a sheet listing each such account, to whom the account is owed, the date the account was opened, and the reason for non-payment of the account.

Describe events or factors occurring during this reporting period materially affecting operations and formulation of a Plan of Reorganization:

N/A

MONTHLY CASH STATEMENT

Period Ending:

Cash Activity Analysis (Cash Basis Only):

Case No: 18-15839

	General Acct.	Payroll Acct.	Tax Acct.	Cash Coll. Acct.	Petty Cash Acct.
A. Beginning Balance	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
B. Receipts (Attach separate schedule)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
C. Balance Available (A + B)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
D. Less Disbursements (Attach separate schedule)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
E. ENDING BALANCE (C - D)	<u>36,763</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>13,874</u>
					<u>\$4,842 (2)</u>

(PLEASE ATTACH COPIES OF MOST RECENT RECONCILED BANK STATEMENTS FROM EACH ACCOUNT)

General Account:

1. Depository Name & Location Peoples Bank - 24400 Chagrin Blvd Beachwood
2. Account Number (last 4 digits only) 3250

Payroll Account:

1. Depository Name & Location Peoples Bank - 24400 Chagrin Blvd Beachwood
2. Account Number (last 4 digits only) 3263

Tax Account:

1. Depository Name & Location Peoples Bank - 24400 Chagrin Blvd Beachwood
2. Account Number (last 4 digits only) 7759

Other monies on hand (specify type and location) i.e., CD's, bonds, etc.):

0

Date:

10/19/18

BTRP LLC

Debtor in Possession

CASH REPORT
(BASED UPON A CONSOLIDATED ACCOUNTING OF ALL D-I-P ACCOUNTS)

CASE NAME: BJRP LLC
CASE NUMBER: 18-15839
MONTH AND YEAR: 9/18

Beginning cash balance (i.e. ending balance form previous report) \$ 0
Add: All receipts for the month. Do not include transfers between accounts. \$ 0
Deduct: All disbursements for the month. Do not include transfers between accounts. \$ 0
Net cash flow (receipts minus disbursements) \$ 0
Ending cash balance (i.e. next month's beginning cash balance) \$ 36,763

=====

REPORT OF UNPAID DELINQUENT POST PETITION TAXES

List all unpaid tax obligations which have accrued after the date of the filing of the Chapter 11 petition obligations) which are now due and owing (i.e. delinquent), but have, in fact, not yet been timely paid. Do not list any prepetition tax obligations.

TAXING AUTHORITY	TYPE TAX	TAX PERIOD	DUE DATE	AMOUNT
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

MONTHLY STATEMENT OF INSIDER COMPENSATION/PAYMENTS
Period Ending:

Case No: 18-15839

The following information is to be provided for each shareholder, officer, director, manager, insider, or owner that is employed by the debtor in possession.
Attach additional pages if necessary.

Name: BJRP LLC
Brad Friedlander

Capacity: ☒ Shareholder
☐ Officer
☐ Director
☐ Insider

Detailed Description of Duties: CEO

Current Compensation Paid: Weekly or Monthly

0

Current Benefits Paid: Weekly or Monthly

Health Insurance

0

Life Insurance

0

Retirement

0

Company Vehicle

0

Entertainment

0

Travel

0

Other Benefits

0

Total Benefits

0

Current Other Payments Paid: Weekly or Monthly

Rent Paid

0

Loans

0

Other (Describe)

0

Other (Describe)

0

Other (Describe)

0

Total Other Payments

0

CURRENT TOTAL OF ALL PAYMENTS: Weekly or Monthly

0

Dated: 10/19/18

[Signature]
Principal, Officer, Director, or Insider

MONTHLY STATEMENT OF INSIDER COMPENSATION/PAYMENTS

Period Ending:

Case No: 18-15839

The following information is to be provided for each shareholder, officer, director, manager, insider, or owner that is employed by the debtor in possession.
Attach additional pages if necessary.

Name: Nathan Cross

Capacity: ☒ Shareholder
☐ Officer
☐ Director
☐ Insider

Detailed Description of Duties: President CEO

Current Compensation Paid:	Weekly	or	Monthly
	<u>0</u>		<u> </u>

Current Benefits Paid:	Weekly	or	Monthly
Health Insurance	<u>0</u>		<u> </u>
Life Insurance	<u> </u>		<u> </u>
Retirement	<u> </u>		<u> </u>
Company Vehicle	<u> </u>		<u> </u>
Entertainment	<u> </u>		<u> </u>
Travel	<u> </u>		<u> </u>
Other Benefits	<u> </u>		<u> </u>
Total Benefits	<u>0</u>		<u> </u>

Current Other Payments Paid:	Weekly	or	Monthly
Rent Paid	<u>0</u>		<u> </u>
Loans	<u> </u>		<u> </u>
Other (Describe)	<u> </u>		<u> </u>
Other (Describe)	<u> </u>		<u> </u>
Other (Describe)	<u> </u>		<u> </u>
Total Other Payments	<u>0</u>		<u> </u>

CURRENT TOTAL OF ALL PAYMENTS:	Weekly	or	Monthly
	<u>0</u>		<u> </u>

Dated: 10/19/18

[Signature]
Principal, Officer, Director, or Insider

MONTHLY STATEMENT OF INSIDER COMPENSATION/PAYMENTS
Period Ending:

Case No: 18-15839

The following information is to be provided for each shareholder, officer, director, manager, insider, or owner that is employed by the debtor in possession.
Attach additional pages if necessary.

Name: Peter Vauthy Capacity: ☒ Shareholder
☐ Officer
☐ Director
☐ Insider

Detailed Description of Duties: Vice President

Current Compensation Paid: ☒ Weekly or ☐ Monthly

Current Benefits Paid: ☒ Weekly or ☐ Monthly

Health Insurance	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Life Insurance	<input type="checkbox"/>	<input type="checkbox"/>
Retirement	<input type="checkbox"/>	<input type="checkbox"/>
Company Vehicle	<input type="checkbox"/>	<input type="checkbox"/>
Entertainment	<input type="checkbox"/>	<input type="checkbox"/>
Travel	<input type="checkbox"/>	<input type="checkbox"/>
Other Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Total Benefits	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Current Other Payments Paid: ☒ Weekly or ☐ Monthly

Rent Paid	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Loans	<input type="checkbox"/>	<input type="checkbox"/>
Other (Describe)	<input type="checkbox"/>	<input type="checkbox"/>
Other (Describe)	<input type="checkbox"/>	<input type="checkbox"/>
Other (Describe)	<input type="checkbox"/>	<input type="checkbox"/>
Total Other Payments	<input checked="" type="checkbox"/>	<input type="checkbox"/>

CURRENT TOTAL OF ALL PAYMENTS: ☒ Weekly or ☐ Monthly

Dated: 10/19/18

[Signature]
Principal, Officer, Director, or Insider

Period Ending: 9/30/1839

Case No: 18-15839

Form 7



TRANSMITTAL OF QUARTERLY POST CONFIRMATION REPORT

In re: BJRP LLC
Debtors(s)
Case No.
Chapter 11
Judge ARTHUR HARRIS

Debtor, affirms that:

1. The attached *Chapter 11 Post Confirmation Report* for the quarter ended 9/30/18, which includes the Total Disbursement for Quarter, the Summary of Amounts Distributed Under the Plan, and the Summary of Status of Consummation of Plan has been reviewed and the report as prepared fairly and accurately reflects the debtor's complete disbursement/distribution activity and status for the period stated.
2. The individual responsible for preparing the attached report was Jonathan Gross whose title is CEO. Any questions regarding the attached report should be directed to Jonathan Gross at telephone number 216-831-5599.
3. The debtor is in compliance with the provisions of the confirmed Chapter 11 Plan except as listed below (*Attach additional documentation if necessary*):

4. The undersigned is authorized to file this report on behalf of the debtor.

It is certified hereby, under penalty of perjury, that the information provided herein is true and correct to the best of my knowledge and belief.

Dated: 10/19/18

Debtor

By: [Signature]

Signature

Braed Finner
Typed or printed name

CEO
Title

In re: BURP LLC	Debtor
Chapter 11 Case No: 18-15839	

Post-Confirmation Status Report
Quarter Ending: 9/30/18

Attorney/Professional - Name, Address, Phone, FAX & Email:	Person responsible for report: Name, Address, Phone, FAX & Email:
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SUMMARY OF DISBURSEMENTS MADE DURING THE QUARTER	
Disbursements made under the Plan:	Payments to Professionals: \$ <u>0</u> Payments to Secured Creditors: \$ <u>0</u> Payments to Priority Creditors: \$ <u>0</u> Payments to Unsecured Creditors: \$ <u>0</u> Payments to Equity: \$ <u>0</u> All other plan payments: \$ <u>0</u> TOTAL OF PLAN PAYMENTS: \$ <u>0</u>
Disbursements from Operations:	\$ <u>0</u>
TOTAL ALL DISBURSEMENTS	\$ <u>0</u>

Date Order was entered confirming plan?	
Who is the Disbursing Agent (if any)?	
Current with Plan Payments? Why not?	
Projected date for final decree?	
What needs to be achieved before a final decree will be sought (attach a separate sheet if necessary)?	
Provide a narrative of events that impact upon the ability to perform under the reorganization plan or other significant events that occurred during the reporting period (attach a separate sheet if necessary).	
Date last U.S. Trustee fee paid?	10/17/18
Amount Paid?	\$ 325 -

I declare under penalty of perjury that the information contained in the document is true, complete and correct.

10/19/18
Date

[Signature]
Signature of person responsible for this report

This report is to be filed with the U.S. Bankruptcy Court quarterly until a final decree is entered. You may be required to file additional reports with the Bankruptcy Court.

Office of the U. S. Trustee
201 Superior Ave. East
Suite 441
Cleveland, OH 44114-1240

216-522-7800



Page 1 of 1

Rev. 4/1

Account No.: 471-18-15839
Process Date: 10-04-18

*****AUTO**MIXED AADC 170

BJRP LLC
3355 RICHMOND ROAD
BEACHWOOD, OH 44122-4100



UNITED STATES
DEPARTMENT OF JUSTICE
U.S. TRUSTEE PROGRAM

See Instructions
On Reverse Side

Chapter 11 Quarterly Fees Statement

Date	Description	Amount
09-28-18	Balance Forward	.00
10-04-18	Quarter 3, 2018 Minimum Fee Due (9)	325.00
	Estimated Balance Due Based On Disbursement Record	325.00

Case opened 09-28-2018. Minimum fee applied.

DISBURSEMENTS STUB: Enter information, sign, detach, and return this stub in the window envelope.

ADDRESS STUB: Print address correction on reverse side. Place an "X" in the box if a correction is entered. ☐

Failure to file monthly operating reports may result in a motion filed by the U.S. Trustee office to compel compliance, or convert or dismiss the case. In the section below, please enter the disbursements for the indicated months/years for which data is missing in the U.S. Trustee file. For post-confirmation cases, consult your local U.S. Trustee office regarding whether monthly or quarterly reports are required; if quarterly, enter data just in the quarter's ending month and write a "Q" after it. Round to the nearest dollar. This is not a substitute for filing the required report.

BJRP LLC Account Number: 471-18-15839

I certify under penalty of perjury that to the best of my knowledge the above disbursement information is true and correct.

Signature

18-15839-aih Doc 34 FILED 10/22/18 ENTERED 10/22/18 18:48:30 Page 14 of 14